

DATE: $0/-1/-$ TO: $0IPE$	02			
TO: 0IP 2		<u> </u>	a,	٠
FROM: Office of Initial P	atent Examinati	on .		
SUBJECT: Fee Due				
APPLICATION NUMBER:	·			•
A fee is due for the attached do Office for the following reason authorization to charge a depocharge the appropriate fee. If a the fee deficiency.	n. Please check sit account. If a	the applicati in authorizati	on for the appropi on is present, plea	riate ase
Insufficient fee by check				
Insufficient funds in deposit account				
□ Declined credit card				
☐ Non authorization for charge to deposit account				
☐ No fee submitted per requir	rement 🖰			
	\$	•		
The correct fee code:	· 	amount	\$	
The suspended fee code: 197		amount	- \$	
Fee Due		amount ·	=\$	•
If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.				
Terminal Operator	med			